



# Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

Fax 208/334-3536

## **Required Documents**

Photocopies of the following documents are required\* for Wholesaler/Distributor registration applicants and must be submitted with the application form and fee:

- ◆ A copy of the current resident state license
- ◆ A copy of the DEA registration (if applying for Distributor of Controlled Substances registration)
- ◆ A copy of the current facility inspection report issued by the resident state, ***please note Idaho is unable to issue a Wholesale registration without an inspection report***
- ◆ A list of corporate officers/partners

\*Applications for facilities in Idaho need only submit the list of corporate officers/partners with the application and fee

**Please note:** The name (or names) and address on the state and federal license/registration copies submitted to support an application must match the name (or names) and address listed on the application.



# Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

Fax 208/334-3536

## Application for Idaho Registration for Wholesaler of Prescription/Non-Prescription & Controlled Substance Drugs

**Prescription/Non-Prescription Drugs**  
(pre-requisite for controlled substance registration)

**100.00**

**Controlled Substances** (additional fee)

**100.00**

**Type of Application:** (circle)    **New**    **Ownership Change**    **Name Change** (no fee)    **Address Change** (no fee)

**Previous registration #:** \_\_\_\_\_ **Previous Name:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip+4:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Resident State:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**DEA #:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip+4:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Type of Ownership:** (Circle and attach listing of officers, partners, etc., with addresses and phone for each)

Partnership

Sole Proprietorship

Corporation

Limited Liability

**Type of Operation:** (Circle all that apply)

Full Service Wholesaler

Manufacturer

Repackager

Own-Label Distributor

Private-Label Distributor

Broker

Chain Drug Warehouse

Other \_\_\_\_\_

**Types of Drugs Distributed:** (Circle all that apply)

**Controlled Substances** (attach READABLE copy of DEA registration)

**Non-Controlled Substances**

**OTC**

**Other** \_\_\_\_\_

**Have any of the applicants had:** (If answer is yes to any of the following attach documentation)

Conviction relating to the distribution of drugs, including samples? \_\_\_\_ No \_\_\_\_ Yes

Felony convictions under federal, state or local laws? \_\_\_\_ No \_\_\_\_ Yes

Suspensions or revocation of licensure for the manufacturing or distributing of drugs, including controlled substances, by federal, state or local laws of any license currently or previously held by applicants? \_\_\_\_ No \_\_\_\_ Yes

Have any application for licensure been denied by any federal, state or local agency? \_\_\_\_ No \_\_\_\_ Yes

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Date

06/05 EM